

Progress Report Summary  
Grant Number: 1U60OH009870-02  
Project Period July 1, 2010 to June 30, 2011

**Epidemiologist Position: Met.** Epidemiologist II position was created within the Georgia Division of Public Health, Epidemiology Program, Chronic Disease, Healthy Behaviors and Injury Epidemiology Section (CHIE). Position was established, posted, applicants were interviewed and an epidemiologist was selected and hired. As of May 1, 2011, Ms. Antionette Lavender, MPH, became the Occupational Health Epidemiologist for the state of Georgia.

**Advisory Committee: Met.** Organizations and other state programs were identified and the communications were established to assess interest and recruit individuals to participate on the advisory committee. The following individuals agreed to participate on the Advisory Committee: Ms. Lisa Dawson, Director, Injury Prevention and Control; Ms. Jane Perry, Director, Environmental Health; Mr. Forrest Staley, Director, Lead Program; Ms. Vietdoan Cheng, Epidemiologist, Asthma Program; Dr. Kiley Morgan, Coordinator, Georgia Worksite Wellness Program; Mr. Damon Nix, Dr. Dan Ortiz, and Dr. Paul Schlumper, Georgia Tech Research Institute, Safety Engineering Branch, Safety and Health Consultation Program; Dr. Kyle Steenland, Professor Environmental and Occupational Health, Emory University School of Public Health; Dr. Robert Gellar, Medical Director, Georgia Poison Control Center; Mr. Manuel Rodriguez, Senior Industrial Hygienist, Regional OSHA; and Vi Naylor, Executive Vice President, Georgia Hospital Association. A full list of individuals who agreed to participate on the Advisory Committee is attached.

The first Advisory Committee meeting was held on June 29, 2011. During this meeting, committee members discussed their interests and primary focus. Ms. Bayakly presented on the goals and objectives of the occupational health grant and the committee's task. Ms. Lavender reviewed data from the 19 Occupational Health Indicators and recommendations to improve surveillance of work-related injuries and illnesses in Georgia were suggested by committee members. These recommendations are listed in the attached meeting notes.

**Data Analysis: In progress.** Ms. Antionette Lavender, MPH was hired on May 1, 2011. She is currently reviewing the document entitled "Guidelines for Minimum and Comprehensive State-Based Public Health Activities in Occupational Safety and Health" as well as other occupational health guides and publications. Ms. Bayakly established the communication between Ms. Lavender, and the Centers for Disease Control and Prevention, Project Officer, Mr. Steven Inserra; Council and State Territorial Epidemiologist, Research Analyst Ms. Erin Simms, and the National Institute for Occupational Safety and Health, Division of Surveillance, Hazard Evaluations and Field Studies, Dr. Matthew Groenewold. Dr. Groenewold conducted a technical visit to

Georgia on May 5, 2011 and participated in the advisory committee meeting via conference call.

Ms. Lavender has completed data collection and analysis for all of the 19 Occupational Health Indicators recommended by NIOSH/CSTE for 2008, except for two. Indicators #5 and #8 were not analyzed because they require workers' compensation data. Workers' compensation data are maintained by the Georgia Board of Workers' Compensation. The Epidemiology Office has not previously worked regularly with these data. Ms. Bayakly and Ms. Lavender are making efforts to establish and maintain a strong working relationship with the Board. Georgia's data for the 2008 OH indicators are attached. Ms. Lavender will create a surveillance report on Occupational Health and Safety in Georgia.

**Research Project: New.** Ms. Bayakly added two questions on the Georgia Behavioral Risk Factor Surveillance System (BRFSS) based on Florida's BRFSS questionnaire to be conducted during the 2011 calendar year. These questions will further assist the newly established occupational health program to assess the burden of occupational related injuries. The questions are:

1.1 During the past 12 months, that is since {one year before today's date} were you injured seriously enough while performing your job that you got medical advice or treatment?

- 1 Yes
- 2 No [Go to next module]
- 7 Don't know/Not Sure [Go to next module]
- 9 Refused [Go to next module]

1.2 For your most recent work-related injury, who paid for your treatment?

- 01 Workers' compensation
- 02 Private Insurance.
- 03 Medicare, Medicaid.
- 04 Indian Health Service/Alaska Native Health Service.
- 05 The military, Veterans Administration or Champus
- 06 Federal government (OWCP program)
- 07 You or your family; out of pocket.
- 08 Your employer through a workers' compensation claim
- 09 Your employer without a workers' compensation claim.
- 10 Your employer without a workers' compensation claim and through on-site medical treatment.
- 11 The union.
- 12 Other source. [Specify:\_\_\_\_\_]
- 13 Workers' compensation claim filed, still in process or not resolved

Do not read these responses

- 88 No one paid; no treatment
- 77 Don't know/not sure
- 99 Refused

It is expected that by July 2012 Ms. Lavender will have access to the BRFSS data and will be able to analyze it.

In addition, on April 26, 2011 a study entitled “Heat-related Illness among Migrant Farmworker Populations in Southern Georgia: Developing Targeted Public Health Messages for Prevention” was submitted for the Georgia Department of Community Health, Internal Review Board. The study was conducted June 11-23, 2011 by an Epidemic Intelligence Service Officer, Ms. Nancy Fleischer, in collaboration with Ms. Bayakly and Ms. Lavender. The purpose of this study is to assess the knowledge, attitude, and practice of migrant workers related to heat-illnesses. The study will be conducted in three languages English, Spanish and Haitian Creole. It is expected that culturally sensitive educational material will be created to address heat-related prevention messages.

## Georgia Occupational Health Advisory Committee Contact List

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<b>2008 Workforce Demographics &amp; Employment Characteristics</b>	<b>Georgia</b>
Civilian non-institutional population	7,204,000
Civilian workforce employed (16 years and older)	4,569,000 (63.4%)
<b>P1. Percentage of civilian workforce unemployed</b>	6.4
<b>P2. Percentage of civilian employment self-employed</b>	6.1
<b>P3. Percentage of civilian employment in part-time jobs</b>	14.7
<b>P4. Percentage of civilian employment by number of hours worked</b>	
<40 hours	28.7
40 hours	45.8
41+ hours	25.5
<b>P5. Percentage of civilian employment by sex</b>	
Males	53.7
Females	46.3
<b>P6. Percentage of civilian employment by age group</b>	
16 to 17	0.9
18 to 64	96.0
65+	3.1
<b>P7. Percentage of civilian employment by race</b>	
White	68.2
Black	27.3
Other	4.5
<b>P8. Percentage of civilian employment by Hispanic Origin</b>	7.4
<b>P9. Percentage of civilian employment by industry</b>	<b>Georgia</b>
Mining	0.1
Construction	8.7
Manufacturing: Durable Goods	6.2
Manufacturing: Nondurable Goods	4.6
Wholesale and retail trade	14.1
Transportation and utilities	6.5
Information	2.9
Financial activities	7.2
Professional and business services	11.4
Education and health services	20.0
Leisure and hospitality	7.7
Other services	4.6
Public administration	5.2
Agriculture	0.9
<b>P10. Percentage of civilian employment by occupation</b>	
Management, business and financial operations	16.3
Professional and related occupations	21.1
Service	14.6

Sales and related occupations	11.9
Office and administrative support	13.3
Farming, fishing, and forestry	0.4
Construction and extraction	6.2
Installation, maintenance, and repair	3.8
Production	6
Transportation and material moving	6.4

## 2008 Occupational Health Indicators

Georgia

<b>Indicator 1</b>	
1.1 Estimated Annual Total Number of Work-Related Injuries and Illnesses	98,300
1.2 Estimated Annual Total Work-Related Injuries and Illness Incidence Rate per 100,000 FTE	3,300 per 100,000
1.3 Estimated Annual Total Number of Cases Involving Days Away From Work	26,800
1.4 Estimated Annual Total Incidence Rate for Cases Involving Days Away From Work per 100,000 FTE	900 per 100,000
1.5 Estimated Annual Total Number of Cases Involving More Than 10 Days Away From Work	11,260
<b>Indicator 2</b>	
2.1 Annual Number of Work-Related Hospitalizations	3,726
2.2 Annual Crude Rate of Hospitalization per 100,000 employed persons	82 per 100,000
<b>Indicator 3</b>	
3.1 Annual Number of Work-Related Traumatic Fatalities	182
3.2 Annual Crude Fatality Rate per 100,000 FTE	4 per 100,000
<b>Indicator 4</b>	
4.1 Estimated Annual Number of Amputations Involving Days Away from Work	190
4.2 Estimated Annual Incidence Rate of Amputations Involving Days Away from Work per 100,000 FTE	6 per 100,000
<b>Indicator 5</b>	
5.1 Annual Number of Amputations filed with State Workers' Compensation System	
5.2 Annual Incidence Rate of Amputations filed with State Workers' Compensation System per 100,000 workers covered by workers' comp	
<b>Indicator 6</b>	
6.1 Annual number of work-related burn hospitalizations	165
6.2 Annual rate of work-related burn hospitalizations per 100,000 employed persons	4 per 100,000
<b>Indicator 7</b>	
7.1 Estimated annual number of all musculoskeletal disorders	6,550
7.2 Estimated annual incidence rate of all musculoskeletal disorders per 100,000 FTE	220 per 100,000

7.3 Estimated annual number of MSDs of the neck, shoulder & upper extremities	2,100
7.4 Estimated annual incidence rate of disorders of neck, shoulder, and upper extremities per 100,000 FTE	70 per 100,000
7.5 Estimated annual number of carpal tunnel syndrome cases	200
7.6 Estimated annual incidence rate of carpal tunnel syndrome cases per 100,000 FTE	7 per 100,000
7.7 Estimated annual number of musculoskeletal disorders of the back	3,200
7.8 Estimated annual incidence rate of musculoskeletal disorders of the back per 100,000 FTE	107 per 100,000

#### Indicator 8

8.1 Annual number of carpal tunnel syndrome cases filed with State WC	
8.2 Annual incidence rate of carpal tunnel syndrome cases filed with State WC per 100,000 workers covered by workers' comp	

#### Indicator 9

9.1.1 Annual number of total pneumoconiosis hospital discharges	359
	48 per 1,000,000 residents
9.1.2 Annual rate of total pneumoconiosis hospital discharges	57 per 1,000,000 residents
9.1.3 Annual, age-standardized, rate of total pneumoconiosis hospitalizations	30
9.2.1 Annual number of coal workers' pneumoconiosis hospital discharges	4 per 1,000,000 residents
9.2.2 Annual rate of coal workers' pneumoconiosis hospital discharges	5 per 1,000,000 residents
9.2.3 Annual, age-standardized, rate of coal workers' pneumoconiosis hospital discharges	281
9.3.1 Annual number of asbestosis hospital discharges	37 per 1,000,000 residents
9.3.2 Annual rate of asbestosis hospital discharges	45 per 1,000,000 residents
9.3.3 Annual, age-standardized, rate of abestosis hospital discharges	30
9.4.1 Annual number of silicosis hospital discharges	4 per 1,000,000 residents
9.4.2 Annual rate of silicosis hospital discharges	4 per 100,000
9.4.3 Annual, age-standardized, rate of silicosis hospital discharges	20
9.5.1 Annual number of other and unspecified pneumoconiosis hospital discharges	3 per 1,000,000 residents
9.5.2 Annual rate of other and unspecified pneumoconiosis hospital discharges	
9.5.3 Annual, age-standardized, rate of other and unspecified pneumoconiosis hospital discharges	

#### Indicator 10

10.1.1 Annual number of total pneumoconiosis deaths	26
	3 per 1,000,000 residents
10.1.2 Annual total pneumoconiosis death rate per million residents	



	4 per 1,00,000 residents
10.1.3 Annual, age-standardized total pneumoconiosis death rate	
10.2.1 Annual number of coal workers' pneumoconiosis deaths	1
10.2.2 Annual coal workers' pneumoconiosis death rate per million residents	~
10.2.3 Annual, age-standardized rate of coal workers' pneumoconiosis deaths	~
10.3.1 Annual number of asbestosis deaths	18
	2 per 1,000,000 residents
10.3.2 Annual asbestosis death rate per million residents	
	3 per 1,000,000 residents
10.3.3 Annual, age-standardized asbestosis death rate	
10.4.1 Annual number of silicosis deaths	5
	1 per 1,000,000 residents
10.4.2 Annual silicosis death rate per million residents	
	1 per 1,000,000 residents
10.4.3 Annual, age-standardized silicosis death rate	
10.5.1 Annual number of other and unspecified pneumoconiosis deaths	2
10.5.2 Annual other and unspecified pneumoconiosis death rate per million residents	~
10.5.3 Annual, age-standardized pneumoconiosis death rate per million residents	~
<b>Indicator 11</b>	
11.1 Annual number of reported work-related pesticide poisoning cases	82
11.2 Annual incidence rate of reported work-related pesticide poisoning cases per 100,000 employed persons	1.8 per 100,000
<b>Indicator 12</b>	
12.1 Annual number of incident mesothelioma cases	71
	9 per 1,000,000 residents
12.2 Annual mesothelioma incidence rate per million residents	
12.3 Annual, age-standardized mesothelioma incidence rate per million residents	7 per 1,000,000 residents
<b>Indicator 13</b>	
13.1.1 Annual number of residents with elevated blood lead levels ( $\geq 10$ mcg/dL)	191
13.1.2 Annual prevalence rate per 100,000 employed persons	4 per 100,000
13.1.3 Annual number of incident cases	151
13.1.4 Annual incidence rate per 100,000 employed persons	3 per 100,000
13.2.1 Annual number of residents with elevated blood lead levels ( $\geq 25$ mcg/dL)	191
13.2.2 Annual prevalence rate per 100,000 employed persons	4 per 100,000
13.2.3 Annual number of incident cases	151
13.2.4 Annual incidence rate per 100,000 employed persons	3 per 100,000
13.3.1 Annual number of residents with blood lead levels ( $\geq 40$ mcg/dL)	25
13.3.2 Annual prevalence rate per 100,000 employed persons	0.5 per 100,000
13.2.3 Annual number of incident cases	20

<b>13.2.4 Annual incidence rate per 100,000 employed persons</b>	0.4 per 100,000
<b>Indicator 14</b>	
<b>14.1 Number of employed persons in high morbidity risk NAICS industries</b>	224,152
<b>14.2 Percentage of employed persons in high morbidity risk NAICS industries</b>	6.2
<b>Indicator 15</b>	
<b>15.1 Average number of employed persons in high morbidity risk 2000 Bureau of the Census occupations</b>	541,561
<b>15.2 Percentage of employed persons in high morbidity risk 2000 Bureau of the Census occupations</b>	16.0
<b>Indicator 16</b>	
<b>16.1 Average number of employed persons in high mortality risk 2000 Bureau of Census industries</b>	686,871
<b>16.2 Percentage of employed persons in high mortality risk 2000 Bureau of Census industries</b>	17.7
<b>16.3 Number of employed persons in high mortality risk 2000 Bureau of Census occupations</b>	494,467
<b>16.4 Percentage of employed persons in high mortality risk 2000 Bureau of Census occupations</b>	12.7
<b>Indicator 17</b>	
<b>17.1 Rate of board-certified occupational physicians per 100,000 employees</b>	2.1 per 100,000
<b>17.2 Rate of ACOEM members per 100,000 employees</b>	2.3 per 100,000
<b>17.3 Rate of board-certified occupational health registered nurses per 100,000 employees</b>	4.0 per 100,000
<b>17.4 Rate of members of the AAOH per 100,000 employees</b>	5.2 per 100,000
<b>17.5 Rate of board-certified industrial hygienists per 100,000 employees</b>	3.3 per 100,000
<b>17.6 Rate of AIHA per 100,000 employees</b>	4.4 per 100,000
<b>17.7 Rate of board certified safety health professionals per 100,000 employees</b>	7.4 per 100,000
<b>17.8 Rate of ASSE membership per 100,000 employees</b>	17.4 per 100,000
<b>Indicator 18</b>	
<b>18.1 Annual number of employer establishments inspected by OSHA</b>	1,452
<b>18.2 Number of OSHA-Covered Establishments that are Eligible for OSHA Inspection (excluding mines &amp; farms)</b>	273,604
<b>18.3 Percentage of OSHA-Covered Establishments Eligible for Inspection that were Inspected by OSHA</b>	0.5
<b>18.4 Annual Number of Employees whose Work Areas were Inspected by OSHA</b>	57,512
<b>18.5 Number of OSHA-Covered Employees (excluding miners &amp; farm workers)</b>	4,012,043
<b>18.6 Percentage of OSHA-Covered Employees Eligible for Inspection Whose Work Areas were Inspected by OSHA</b>	1.4
<b>Indicator 19</b>	
<b>19.1 Total amount of workers' compensation benefits paid</b>	1,601,644,000
<b>19.2 Average amount of workers' compensation benefits paid per covered worker</b>	\$418 per covered

	worker
NEW - Optional Indicator of Low Back Disorder	
Annual number of work-related surgical low back disorder hospitalizations for persons age 16 years or older (numerator)	653
Annual rate of work-related surgical low back disorder hospitalization per 100,000 employed persons age 16 years or older	14 per 100,000
Annual number of work-related low back disorder hospitalizations for persons age 16 years or older (numerator)	758
Annual rate of work-related low back disorder hospitalization per 100,000 employed persons age 16 years or older	17 per 100,000